

2010 Rate Chart For Active Employees

This Chart applies to all Employees whose positions are represented by any of the following units:
General City Management

HMO Employee Share for "MANAGEMENT"

An employee will pay \$20.00 (single) or \$40.00 (family) as his/her share of the HMO Plan cost. This amount ("Employee Share") will be deducted as a payroll deduction from the employee's second paycheck of each month.

Basic Plan Employee Share for "MANAGEMENT"

An employee will pay \$75.00 (single) or \$150.00 (family) as his/her share of the Basic Plan cost. This amount ("Employee Share") will be deducted as a payroll deduction from the employee's second paycheck of each month.

CHART I - 2010 Monthly HEALTH Plan Rates

HEALTH PLAN	SINGLE PREMIUM	CITY SHARE	SINGLE EMPLOYEE SHARE	FAMILY PREMIUM	CITY SHARE	FAMILY EMPLOYEE SHARE
United Health Care	\$ 668.34	\$ 648.34	\$ 20.00	\$ 1,825.01	\$ 1,785.01	\$ 40.00
Basic Plan	\$ 852.71	\$ 777.71	\$ 75.00	\$ 1,921.75	\$ 1,771.75	\$ 150.00

CHART II - 2010 Monthly DENTAL Plan Rates

DENTAL PLAN	SINGLE PREMIUM	CITY SHARE	SINGLE EMPLOYEE SHARE	FAMILY PREMIUM	CITY SHARE	FAMILY EMPLOYEE SHARE
WPS/Delta Dental	\$ 24.95	\$ 13.00	\$ 11.95	\$ 86.20	\$ 37.50	\$ 48.70
Care-Plus	\$ 39.15	\$ 13.00	\$ 26.15	\$ 115.38	\$ 37.50	\$ 77.88
DentalBlue	\$ 47.25	\$ 13.00	\$ 34.25	\$ 141.77	\$ 37.50	\$ 104.27

EMPLOYEE PREMIUMS IN 2010 ARE SUBJECT TO CHANGE BY ACTION OF THE COMMON COUNCIL AND/OR LABOR AGREEMENTS

2010 MONTHLY RATE CHART FOR ACTIVE EMPLOYEES

This Chart applies to all Employees whose positions are represented by any of the following units:

HACM, RACM, WCD & MEDC EMPLOYEES

HMO Employer Share (All employees)

An employee will pay \$20.00 (single) or \$40.00 (family) as his/her share of the HMO Plan cost. This amount ("Employee Share") will be deducted as a payroll deduction from the employee's second paycheck of each month.

Basic Plan Employer Share (All employees)

An employee will pay \$75.00 (single) or \$150.00 (family) as his/her share of the Basic Plan cost. This amount ("Employee Share") will be deducted as a payroll deduction from the employee's second paycheck of each month.

Chart I - Monthly Health Plan Rates For 2010

HEALTH PLAN	SINGLE PREMIUM	EMPLOYER SHARE	SINGLE EMPLOYEE SHARE	FAMILY PREMIUM	EMPLOYER SHARE	FAMILY EMPLOYEE SHARE
United Health Care	\$ 668.34	\$648.34	\$20.00	\$ 1,825.01	\$ 1,785.01	\$40.00
Basic Plan (includes Admin Fee)	\$ 852.71	\$777.71	\$75.00	\$ 1,921.75	\$ 1,771.75	\$150.00

Chart II - Monthly Dental Plan Rates For 2010 (All Employees)

DENTAL PLAN	SINGLE PREMIUM	EMPLOYER SHARE	SINGLE EMPLOYEE SHARE	FAMILY PREMIUM	EMPLOYER SHARE	FAMILY EMPLOYEE SHARE
WPS/Delta Dental	\$ 24.95	\$ 13.00	\$ 11.95	\$ 86.20	\$ 37.50	\$ 48.70
Care-Plus	\$ 39.15	\$ 13.00	\$ 26.15	\$ 115.38	\$ 37.50	\$ 77.88
DentalBlue	\$ 47.25	\$ 13.00	\$ 34.25	\$ 141.77	\$ 37.50	\$ 104.27

2010 RATE CHART FOR ACTIVE EMPLOYEES

This Chart applies to all Employees whose positions are represented by any of the following units:

**Loc 61 Sanitation; ALEASP (Clerical);
Police Service Specialist (ALEASP)**

HMO "EMPLOYEE SHARE" COMPUTATION

The CITY will pay, monthly, 100% of the lowest single or lowest family HMO premium cost to the City. For 2010, this contribution ("City Share") will be no more than \$668.34 (Single) or \$1,825.01 (Family) toward the cost of your HMO plan. Any excess premium over these amounts ("Employee Share") will be deducted as a payroll deduction from the employee's second paycheck of each month.

BASIC PLAN "EMPLOYEE SHARE" COMPUTATION

An employee will pay \$75.00 (single) or \$150.00 (family) as his/her share of the Basic Plan cost. This amount ("Employee Share") will be deducted as a payroll deduction from the employee's second paycheck of each month.

CHART I - 2010 Monthly HEALTH Plan Rates

HEALTH PLAN	SINGLE PREMIUM	CITY SHARE	SINGLE EMPLOYEE SHARE	FAMILY PREMIUM	CITY SHARE	FAMILY EMPLOYEE SHARE
United Health Care	\$668.34	\$668.34	No Cost	\$1,825.01	\$1,825.01	No Cost
Basic Plan	\$852.71	\$777.71	\$75.00	\$1,921.75	\$1,771.75	\$150.00

CHART II - 2010 Monthly DENTAL Plan Rates

DENTAL PLAN	SINGLE PREMIUM	CITY SHARE	SINGLE EMPLOYEE SHARE	FAMILY PREMIUM	CITY SHARE	FAMILY EMPLOYEE SHARE
WPS/Delta Dental	\$24.95	\$13.00	\$11.95	\$86.20	\$37.50	\$48.70
Care-Plus	\$39.15	\$13.00	\$26.15	\$115.38	\$37.50	\$77.88
DentalBlue	\$47.25	\$13.00	\$34.25	\$141.77	\$37.50	\$104.27

EMPLOYEE PREMIUMS IN 2010 ARE SUBJECT TO CHANGE BY ACTION OF THE COMMON COUNCIL AND/OR LABOR AGREEMENTS

2010 Rate Chart For Active Employees

This Chart applies to all Employees whose positions are represented by any of the following units:

District Council #48; NMNR; TEAM; Assc of Scient Pers; Assc of Muni Attys; SNC; Loc 510 IAM MBCTC; Loc 494 Electrical; Loc 494 Mach; Loc 75 Plumbers; Loc 195 Bridge Operators; Loc 139

HMO "EMPLOYEE SHARE" COMPUTATION

An employee will pay \$20.00 (single) or \$40.00 (family) as his/her share of the HMO Plan cost. This amount ("Employee Share") will be deducted as a payroll deduction from the employee's second paycheck of each month.

BASIC PLAN "EMPLOYEE SHARE" COMPUTATION

An employee will pay \$75.00 (single) or \$150.00 (family) as his/her share of the Basic Plan cost. This amount ("Employee Share") will be deducted as a payroll deduction from the employee's second paycheck of each month.

CHART I - 2010 Monthly HEALTH Plan Rates

HEALTH PLAN	SINGLE PREMIUM	CITY SHARE	SINGLE EMPLOYEE SHARE	FAMILY PREMIUM	CITY SHARE	FAMILY EMPLOYEE SHARE
United Health Care	\$668.34	\$648.34	\$20.00	\$1,825.01	\$1,785.01	\$40.00
Basic Plan	\$852.71	\$777.71	\$75.00	\$1,921.75	\$1,771.75	\$150.00

CHART II - 2010 Monthly DENTAL Plan Rates

DENTAL PLAN	SINGLE PREMIUM	CITY SHARE	SINGLE EMPLOYEE SHARE	FAMILY PREMIUM	CITY SHARE	FAMILY EMPLOYEE SHARE
WPS/Delta Dental	\$24.95	\$13.00	\$11.95	\$86.20	\$37.50	\$48.70
Care-Plus	\$39.15	\$13.00	\$26.15	\$115.38	\$37.50	\$77.88
DentalBlue	\$47.25	\$13.00	\$34.25	\$141.77	\$37.50	\$104.27

2010 Rate Chart For Active Employees

This Chart applies to all Employees whose positions are represented by any of the following units:

Milwaukee Professional Fire Fighters' Assc - Loc 215

Fire Equipment Dispatchers (FEDS) - Loc #494

HMO "EMPLOYEE SHARE" COMPUTATION

An employee will pay \$20.00 (single) or \$40.00 (family) as his/her share of the HMO Plan cost. This amount ("Employee Share") will be deducted as a payroll deduction from the last paycheck of each month.

BASIC PLAN "EMPLOYEE SHARE" COMPUTATION

An employee will pay \$75.00 (single) or \$150.00 (family) as his/her share of the Basic Plan cost. This amount ("Employee Share") will be deducted as a payroll deduction from the last paycheck of each month.

CHART I - 2010 Monthly HEALTH Plan Rates

HEALTH PLAN	SINGLE PREMIUM	CITY SHARE	SINGLE EMPLOYEE SHARE	FAMILY PREMIUM	CITY SHARE	FAMILY EMPLOYEE SHARE
United Health Care	\$668.34	\$648.34	\$20.00	\$1,825.01	\$1,785.01	\$40.00
Basic Plan	\$852.71	\$777.71	\$75.00	\$1,921.75	\$1,771.75	\$150.00

CHART II - 2010 Monthly DENTAL Plan Rates

DENTAL PLAN	SINGLE PREMIUM	CITY SHARE	SINGLE EMPLOYEE SHARE	FAMILY PREMIUM	CITY SHARE	FAMILY EMPLOYEE SHARE
WPS/Delta Dental	\$28.86	\$13.00	\$15.86	\$82.68	\$37.50	\$45.18
Care-Plus	\$39.15	\$13.00	\$26.15	\$115.38	\$37.50	\$77.88
DentalBlue	\$47.25	\$13.00	\$34.25	\$141.77	\$37.50	\$104.27

NOTE: The implementation of the Health Risk Assessments in 2009 or later will require additional changes to the Health Plan rates quoted on this rate chart.

EMPLOYEE PREMIUMS IN 2010 ARE SUBJECT TO CHANGE BY ACTION OF THE COMMON COUNCIL AND/OR LABOR AGREEMENTS

2010 Rate Chart For Active Employees

This Chart applies to all Employees whose positions are represented by any of the following units:
Sworn Fire Management

COMPUTATION METHOD OF "CITY SHARE"

An employee will pay \$20.00 (single) or \$40.00 (family) as his/her share of the HMO Plan cost. This amount ("Employee Share") will be deducted as a payroll deduction from the employee's second paycheck of each month.

CHART I - 2010 Monthly HEALTH Plan Rates

HEALTH PLAN	SINGLE PREMIUM	CITY SHARE	SINGLE EMPLOYEE SHARE	FAMILY PREMIUM	CITY SHARE	FAMILY EMPLOYEE SHARE
United Health Care	\$668.34	\$648.34	\$20.00	\$1,825.01	\$1,785.01	\$40.00
Basic Plan	\$852.71	\$777.71	\$75.00	\$1,921.75	\$1,771.75	\$150.00

CHART II - 2010 Monthly DENTAL Plan Rates

DENTAL PLAN	SINGLE PREMIUM	CITY SHARE	SINGLE EMPLOYEE SHARE	FAMILY PREMIUM	CITY SHARE	FAMILY EMPLOYEE SHARE
WPS/Delta Dental	\$28.86	\$13.00	\$15.86	\$82.68	\$37.50	\$45.18
Care-Plus	\$39.15	\$13.00	\$26.15	\$115.38	\$37.50	\$77.88
DentalBlue	\$47.25	\$13.00	\$34.25	\$141.77	\$37.50	\$104.27

When this material was printed, the City had not established Health/Dental terms for 2010 with all employee groups. As a result the above contribution levels may change.

NOTE: The implementation of the Health Risk Assessments in 2009 or later will require additional changes to the Health Plan rates quoted on this rate chart.

EMPLOYEE PREMIUMS IN 2010 ARE SUBJECT TO CHANGE BY ACTION OF THE COMMON COUNCIL AND/OR LABOR AGREEMENTS

2010 Rate Chart For Active Employees

This Chart applies to all Employees whose positions are represented by any of the following units:

Milwaukee Police Association (MPA)

COMPUTATION METHOD OF HMO "CITY SHARE"

An employee will pay \$20.00 (single) or \$40.00 (family) as his/her share of the HMO Plan cost. This amount ("Employee Share") will be deducted as a payroll deduction from the last paycheck of each month.

COMPUTATION METHOD OF BASIC PLAN "EMPLOYEE SHARE"

An employee will pay \$75.00 (single) or \$150.00 (family) as his/her share of the Basic Plan cost. This amount ("Employee Share") will be deducted as a payroll deduction from the last paycheck of each month.

CHART I - 2010 Monthly HEALTH Plan Rates

HEALTH PLAN	SINGLE PREMIUM	CITY SHARE	SINGLE EMPLOYEE SHARE	FAMILY PREMIUM	CITY SHARE	FAMILY EMPLOYEE SHARE
United Health Care	\$668.34	\$648.34	\$20.00	\$1,825.01	\$1,785.01	\$40.00
Basic Plan	\$852.71	\$777.71	\$75.00	\$1,921.75	\$1,771.75	\$150.00

CHART II - 2010 Monthly DENTAL Plan Rates

DENTAL PLAN	SINGLE PREMIUM	CITY SHARE	SINGLE EMPLOYEE SHARE	FAMILY PREMIUM	CITY SHARE	FAMILY EMPLOYEE SHARE
WPS/Delta Dental	\$28.94	\$13.00	\$15.94	\$88.05	\$37.50	\$50.55
Care-Plus	\$39.15	\$13.00	\$26.15	\$115.38	\$37.50	\$77.88
DentalBlue	\$47.25	\$13.00	\$34.25	\$141.77	\$37.50	\$104.27

NOTE: The implementation of the Health Risk Assessments in 2009 or later will require additional changes to the Health Plan rates quoted on this rate chart.

EMPLOYEE PREMIUMS IN 2010 ARE SUBJECT TO CHANGE BY ACTION OF THE COMMON COUNCIL AND/OR LABOR AGREEMENTS

2010 Rate Chart For Active Employees

This Chart applies to all Employees whose positions are represented by any of the following units:
Milwaukee Police Supervisors Organization (MPSO)

COMPUTATION METHOD OF HMO "CITY SHARE"

The CITY will pay, monthly, 100% of the lowest single or lowest family HMO premium cost to the City. For 2010, this contribution ("City Share") will be no more than \$668.34 (Single) or \$1,825.01 (Family) toward the cost of your HMO plan. Any excess premium over these amounts ("Employee Share") will be deducted as a payroll deduction from the employee's second paycheck of each month.

COMPUTATION METHOD OF BASIC PLAN "EMPLOYEE SHARE"

An employee will pay \$60.00 (single) or \$120.00 (family) as his/her share of the Basic Plan cost. This amount ("Employee Share") will be deducted as a payroll deduction from the last paycheck of each month.

CHART I - 2010 Monthly HEALTH Plan Rates

HEALTH PLAN	SINGLE PREMIUM	CITY SHARE	SINGLE EMPLOYEE SHARE	FAMILY PREMIUM	CITY SHARE	FAMILY EMPLOYEE SHARE
United Health Care	\$668.34	\$668.34	<i>No Cost</i>	\$1,825.01	\$1,825.01	<i>No Cost</i>
Basic Plan	\$852.71	\$777.71	\$75.00	\$1,921.75	\$1,771.75	\$150.00

CHART II - 2010 Monthly DENTAL Plan Rates

DENTAL PLAN	SINGLE PREMIUM	CITY SHARE	SINGLE EMPLOYEE SHARE	FAMILY PREMIUM	CITY SHARE	FAMILY EMPLOYEE SHARE
WPS/Delta Dental	\$28.94	\$13.00	\$15.94	\$88.05	\$37.50	\$50.55
Care-Plus	\$39.15	\$13.00	\$26.15	\$115.38	\$37.50	\$77.88
DentalBlue	\$47.25	\$13.00	\$34.25	\$141.77	\$37.50	\$104.27

EMPLOYEE PREMIUMS IN 2010 ARE SUBJECT TO CHANGE BY ACTION OF THE COMMON COUNCIL AND/OR LABOR AGREEMENTS

2010 Rate Chart For Active Employees

This Chart applies to all Employees whose positions are represented by any of the following units:
MPA Police Aides

HMO Employee Share for "MPA Police Aides"

An employee will pay \$20.00 (single) or \$40.00 (family) as his/her share of the HMO Plan cost. This amount ("Employee Share") will be deducted as a payroll deduction from the employee's second paycheck of each month.

Basic Plan Employee Share for "MPA Police Aides"

An employee will pay \$75.00 (single) or \$150.00 (family) as his/her share of the Basic Plan cost. This amount ("Employee Share") will be deducted as a payroll deduction from the employee's second paycheck of each month.

CHART I - 2010 Monthly Health Plan Rates

HEALTH PLAN	SINGLE PREMIUM	CITY SHARE	SINGLE EMPLOYEE SHARE	FAMILY PREMIUM	CITY SHARE	FAMILY EMPLOYEE SHARE
United Health Care	\$668.34	\$648.34	\$20.00	\$1,825.01	\$1,785.01	\$40.00
Basic Plan	\$852.71	\$777.71	\$75.00	\$1,921.75	\$1,771.75	\$150.00

CHART II - 2010 Monthly Dental Plan Rates

DENTAL PLAN	SINGLE PREMIUM	CITY SHARE	SINGLE EMPLOYEE SHARE	FAMILY PREMIUM	CITY SHARE	FAMILY EMPLOYEE SHARE
WPS/Delta Dental	\$24.95	\$13.00	\$11.95	\$86.20	\$37.50	\$48.70
Care-Plus	\$39.15	\$13.00	\$26.15	\$115.38	\$37.50	\$77.88
DentalBlue	\$47.25	\$13.00	\$34.25	\$141.77	\$37.50	\$104.27

NOTE: The implementation of the Health Risk Assessments in 2009 or later will require additional changes to the Health Plan rates quoted on this rate chart.

EMPLOYEE PREMIUMS IN 2010 ARE SUBJECT TO CHANGE BY ACTION OF THE COMMON COUNCIL AND/OR LABOR AGREEMENTS

2010 Rate Chart For Active Employees

This Chart applies to all Employees whose positions are represented by any of the following units:
Sworn Police Management

COMPUTATION METHOD OF "CITY SHARE"

An employee will pay \$20.00 (single) or \$40.00 (family) as his/her share of the HMO Plan cost. This amount ("Employee Share") will be deducted as a payroll deduction from the employee's second paycheck of each month.

CHART I - 2010 Monthly HEALTH Plan Rates

HEALTH PLAN	SINGLE PREMIUM	CITY SHARE	SINGLE EMPLOYEE SHARE	FAMILY PREMIUM	CITY SHARE	FAMILY EMPLOYEE SHARE
United Health Care	\$668.34	\$648.34	\$20.00	\$1,825.01	\$1,785.01	\$40.00
Basic Plan	\$852.71	\$777.71	\$75.00	\$1,921.75	\$1,771.75	\$150.00

CHART II - 2010 Monthly DENTAL Plan Rates

DENTAL PLAN	SINGLE PREMIUM	CITY SHARE	SINGLE EMPLOYEE SHARE	FAMILY PREMIUM	CITY SHARE	FAMILY EMPLOYEE SHARE
WPS/Delta Dental	\$28.94	\$13.00	\$15.94	\$88.05	\$37.50	\$50.55
Care-Plus	\$39.15	\$13.00	\$26.15	\$115.38	\$37.50	\$77.88
DentalBlue	\$47.25	\$13.00	\$34.25	\$141.77	\$37.50	\$104.27

When this material was printed, the City had not established Health/Dental terms for 2010 with all employee groups. As a result the above contribution levels may change.
NOTE: The implementation of the Health Risk Assessments in 2009 or later will require additional changes to the Health Plan rates quoted on this rate chart.
EMPLOYEE PREMIUMS IN 2010 ARE SUBJECT TO CHANGE BY ACTION OF THE COMMON COUNCIL AND/OR LABOR AGREEMENTS

2010 Rate Chart For Active Employees

This Chart applies to all employees whose positions are represented by any of the following units:

Limited Benefit Employees (LBE) (Part-time employees); **Seasonal Laborers**;
General City Management

(Seasonal employees are not eligible for City dental coverage)

BASIC PLAN "EMPLOYEE SHARE" COMPUTATION

For 2010, an employee will contribute 50% of the required monthly City contribution towards the subscriber cost in single or family Basic Health Plan. Your contribution will be deducted as a payroll deduction from your 2nd paycheck of each month.

HMO "EMPLOYEE SHARE" COMPUTATION

For 2010, an employee will contribute 25% of the single HMO required City contribution and 40% of the family HMO required City contribution towards the subscriber cost in a single or family HMO plan. Your contribution will be deducted as a payroll deduction from your 2nd paycheck of each month.

CHART I - 2010 Monthly HEALTH Plan Rates

HEALTH PLAN	SINGLE PREMIUM	CITY SHARE	SINGLE EMPLOYEE SHARE	FAMILY PREMIUM	CITY SHARE	FAMILY EMPLOYEE SHARE
United Health Care	\$668.34	\$506.26	\$162.08	\$1,825.01	\$1,111.00	\$714.01
Basic Plan	\$852.71	\$463.85	\$388.86	\$1,921.75	\$1,035.87	\$885.88

CHART II - 2010 Monthly DENTAL Plan Rates

DENTAL PLAN	SINGLE PREMIUM	CITY SHARE	SINGLE EMPLOYEE SHARE	FAMILY PREMIUM	CITY SHARE	FAMILY EMPLOYEE SHARE
WPS/Delta Dental	\$24.95	\$6.50	\$18.45	\$86.20	\$18.75	\$67.45
Care-Plus	\$39.15	\$6.50	\$32.65	\$115.38	\$18.75	\$96.63
DentalBlue	\$47.25	\$6.50	\$40.75	\$141.77	\$18.75	\$123.02

When this material was printed, the City had not established Health/Dental terms for 2009 with all employee groups. As a result the above contribution levels may change.

NOTE: The implementation of the Health Risk Assessments in 2009 or later will require additional changes to the Health Plan rates quoted on this rate chart.

EMPLOYEE PREMIUMS IN 2010 ARE SUBJECT TO CHANGE BY ACTION OF THE COMMON COUNCIL AND/OR LABOR AGREEMENTS

2010 RATE CHART FOR ACTIVE EMPLOYEES

This Chart applies to all employees whose positions are represented by any of the following units:
Limited Benefit Employees (LBE) (Part-time employees); **Seasonal Laborers**;
Loc 61 Sanitation; **ALEASP** (Clerical); **Police Service Specialist** (ALEASP)
(Seasonal employees are not eligible for City dental coverage)

COMPUTATION METHOD OF BASIC PLAN "EMPLOYEE SHARE"

For 2010 an employee will contribute 50% of the required monthly City contribution towards the subscriber cost in single or family Basic Health Plan. Your contribution will be deducted as a payroll deduction from your 2nd paycheck of each month.

COMPUTATION METHOD OF HMO PLAN "EMPLOYEE SHARE"

For 2010 an employee will contribute 25% of the single HMO required City contribution and 40% of the family HMO required City contribution towards the subscriber cost in a single or family HMO plan. Your contribution will be deducted as a payroll deduction from your 2nd paycheck of each month.

CHART I - 2010 Monthly HEALTH Plan Rates

HEALTH PLAN	SINGLE PREMIUM	CITY SHARE	SINGLE EMPLOYEE SHARE	FAMILY PREMIUM	CITY SHARE	FAMILY EMPLOYEE SHARE
United Health Care	\$668.34	\$501.26	\$167.08	\$1,825.01	\$1,095.00	\$730.01
Basic Plan	\$852.71	\$463.85	\$388.86	\$1,921.75	\$1,035.87	\$885.88

CHART II - 2010 Monthly DENTAL Plan Rates

DENTAL PLAN	SINGLE PREMIUM	CITY SHARE	SINGLE EMPLOYEE SHARE	FAMILY PREMIUM	CITY SHARE	FAMILY EMPLOYEE SHARE
WPS/Delta Dental	\$24.95	\$6.50	\$18.45	\$86.20	\$18.75	\$67.45
Care-Plus	\$39.15	\$6.50	\$32.65	\$115.38	\$18.75	\$96.63
DentalBlue	\$47.25	\$6.50	\$40.75	\$141.77	\$18.75	\$123.02

The Basic Plan "required City contribution" is defined as the single Basic Plan premium, less \$75, or the family Basic Plan premium, less \$150. For the HMO's, the "required City contribution" is equal to the low single or family HMO premium.

When this material was printed, the City had not established Health/Dental terms for 2010 with all employee groups. As a result the above contribution levels may change.

EMPLOYEE PREMIUMS IN 2010 ARE SUBJECT TO CHANGE BY ACTION OF THE COMMON COUNCIL AND/OR LABOR AGREEMENTS

2010 RATE CHART FOR ACTIVE EMPLOYEES

This Chart applies to all employees whose positions are represented by any of the following units:
Limited Benefit Employees (LBE) (Part-time employees); **Seasonal Laborers**;
District Council #48; TEAM; Assc Of Scient Pers; NMNR; SNC; Loc 139

(Seasonal employees are not eligible for City dental coverage)

COMPUTATION METHOD OF BASIC PLAN "EMPLOYEE SHARE"

For 2010 an employee will contribute 50% of the required monthly City contribution towards the subscriber cost in single or family Basic Health Plan. Your contribution will be deducted as a payroll deduction from your 2nd paycheck of each month.

COMPUTATION METHOD OF HMO PLAN "EMPLOYEE SHARE"

For 2010 an employee will contribute 25% of the single HMO required City contribution and 40% of the family HMO required City contribution towards the subscriber cost in a single or family HMO plan. Your contribution will be deducted as a payroll deduction from your 2nd paycheck of each month.

CHART I - 2010 Monthly HEALTH Plan Rates

HEALTH PLAN	SINGLE PREMIUM	CITY SHARE	SINGLE EMPLOYEE SHARE	FAMILY PREMIUM	CITY SHARE	FAMILY EMPLOYEE SHARE
United Health Care	\$668.34	\$506.26	\$162.08	\$1,825.01	\$1,111.00	\$714.01
Basic Plan	\$852.71	\$463.85	\$388.86	\$1,921.75	\$1,035.87	\$885.88

CHART II - 2010 Monthly DENTAL Plan Rates

DENTAL PLAN	SINGLE PREMIUM	CITY SHARE	SINGLE EMPLOYEE SHARE	FAMILY PREMIUM	CITY SHARE	FAMILY EMPLOYEE SHARE
WPS/Delta Dental	\$24.95	\$6.50	\$18.45	\$86.20	\$18.75	\$67.45
Care-Plus	\$39.15	\$6.50	\$32.65	\$115.38	\$18.75	\$96.63
DentalBlue	\$47.25	\$6.50	\$40.75	\$141.77	\$18.75	\$123.02

The Basic Plan "required City contribution" is defined as the single Basic Plan premium, less \$75, or the family Basic Plan premium, less \$150. For the HMO's, the "required City contribution" is equal to the low single or family HMO premium.

EMPLOYEE PREMIUMS IN 2010 ARE SUBJECT TO CHANGE BY ACTION OF THE COMMON COUNCIL AND/OR LABOR AGREEMENTS

2010 Rate Chart For Active Employees

This Chart applies to all employees whose positions are represented by any of the following units:

Limited Benefit Employees (LBE) (Part-time employees); **Seasonal Laborers**;
Local 494 Elec Shop; MBCTC; Assc of Muni Attys; Loc 195 Bridge Operators
Loc 75 Plumbers; Loc 494 Mach Shop; Loc 510 IAM

(Seasonal employees are not eligible for City dental coverage)

COMPUTATION METHOD OF BASIC PLAN "EMPLOYEE SHARE"

For 2010, the City's contribution "...shall not exceed 50% of the maximum City contribution. The half-time employee shall contribute the balance. Your contribution will be deducted as a payroll deduction from your 2nd paycheck of each month.

COMPUTATION METHOD OF HMO PLAN "EMPLOYEE SHARE"

For 2010, the City's contribution "...shall not exceed 50% of the maximum City contribution. The half-time employee shall contribute the balance. Your contribution will be deducted as a payroll deduction from your 2nd paycheck of each month.

CHART I - 2010 Monthly HEALTH Plan Rates

HEALTH PLAN	SINGLE PREMIUM	CITY SHARE	SINGLE EMPLOYEE SHARE	FAMILY PREMIUM	CITY SHARE	FAMILY EMPLOYEE SHARE
United Health Care	\$ 668.34	\$324.17	\$344.17	\$ 1,825.01	\$892.51	\$932.50
Basic Plan	\$ 852.71	\$388.86	\$463.85	\$ 1,921.75	\$885.88	\$1,035.87

CHART II - 2010 Monthly DENTAL Plan Rates

DENTAL PLAN	SINGLE PREMIUM	CITY SHARE	SINGLE EMPLOYEE SHARE	FAMILY PREMIUM	CITY SHARE	FAMILY EMPLOYEE SHARE
WPS/Delta Dental	\$ 24.95	\$6.50	\$18.45	\$ 86.20	\$18.75	\$67.45
Care-Plus	\$ 39.15	\$6.50	\$32.65	\$ 115.38	\$18.75	\$96.63
DentalBlue	\$ 47.25	\$6.50	\$40.75	\$ 141.77	\$18.75	\$123.02

EMPLOYEE PREMIUMS IN 2010 ARE SUBJECT TO CHANGE BY ACTION OF THE COMMON COUNCIL AND/OR LABOR AGREEMENTS

City of Milwaukee
DER/Employee Benefits Division
 Full Premium Rates (100%)

2010 C.O.B.R.A. HEALTH PREMIUM RATES

	Basic Plan	United Health Care
HEALTH		
Single	\$852.71	\$668.34
Family	\$1,921.75	\$1,825.01

2010 C.O.B.R.A. DENTAL PREMIUM RATES

	<u>WPS/DELTA</u>	<u>CAREPLUS</u>	<u>DENTALBLUE</u>
General City Dental			
Single	\$24.95	\$39.15	\$47.25
Family	\$86.20	\$115.38	\$141.77
Fire Dental			
Single	\$28.86	\$39.15	\$47.25
Family	\$82.68	\$115.38	\$141.77
Police Dental			
Single	\$28.94	\$39.15	\$47.25
Family	\$88.05	\$115.38	\$141.77

City of Milwaukee
DER/Employee Benefits Division
 Rates include a 2% Admin Fee

2010 C.O.B.R.A. HEALTH PREMIUM RATES

	Basic Plan	United Health Care
HEALTH		
Single	\$869.77	\$681.71
Family	\$1,960.19	\$1,861.52

2010 C.O.B.R.A. DENTAL PREMIUM RATES

	<u>WPS/DELTA</u>	<u>CAREPLUS</u>	<u>DENTALBLUE</u>
General City Dental			
Single	\$25.45	\$39.94	\$48.20
Family	\$87.93	\$117.69	\$144.61
Fire Dental			
Single	\$29.44	\$39.94	\$48.20
Family	\$84.34	\$117.69	\$144.61
Police Dental			
Single	\$29.52	\$39.94	\$48.20
Family	\$89.82	\$117.69	\$144.61

**City of Milwaukee
Dept of Employee Relations**

2010 Health Premium Rates

	Basic Plan	United Health Care
Single	\$852.71	\$668.34
Family	\$1,921.75	\$1,825.01

2010 Dental Premium Rates

	<u>WPS/DELTA</u>	<u>CAREPLUS</u>	<u>DENTALBLUE</u>
	<u>General City Dental</u>		
Single	\$24.95	\$39.15	\$47.25
Family	\$86.20	\$115.38	\$141.77
	<u>Fire Dental</u>		
Single	\$28.86	\$39.15	\$47.25
Family	\$82.68	\$115.38	\$141.77
	<u>Police Dental</u>		
Single	\$28.94	\$39.15	\$47.25
Family	\$88.05	\$115.38	\$141.77

Full Premium Rates (100%)

**2010 C.O.B.R.A. Health Premium Rates
Disability Retirees**

	HEALTH	Basic Plan	United Health Care
Single		\$1,279.07	\$1,002.51
Family		\$2,882.63	\$2,737.52

Rates include a 50% Admin Fee

2010 C.O.B.R.A. DENTAL PREMIUM RATES

	<u>WPS/DELTA</u>	<u>CAREPLUS</u>	<u>DENTALBLUE</u>
	<u>General City Dental</u>		
Single	\$37.43	\$58.73	\$70.88
Family	\$129.30	\$173.07	\$212.66
	<u>Fire Dental</u>		
Single	\$43.29	\$58.73	\$70.88
Family	\$124.02	\$173.07	\$212.66
	<u>Police Dental</u>		
Single	\$43.41	\$58.73	\$70.88
Family	\$132.08	\$173.07	\$212.66

Rates include a 50% Admin Fee

City of Milwaukee
DER/Employee Benefits Division
Medical Benefits Section

MANAGEMENT

2010 C.O.B.R.A. HEALTH PREMIUM RATES

Rates Include a 2% Admin Fee	Basic Plan	United Health Care
Single	\$869.76	\$681.70
Family	\$1,960.19	\$1,861.51

2010 C.O.B.R.A. DENTAL PREMIUM RATES

Rates Include a 2% Admin Fee	Delta Dental	CarePlus Dental	DentalBlue
	GENERAL CITY		
Single	\$25.45	\$39.93	\$48.20
Family	\$87.92	\$117.69	\$144.61
	FIRE		
Single	\$29.44	\$39.93	\$48.20
Family	\$84.33	\$117.69	\$144.61
	POLICE		
Single	\$29.52	\$39.93	\$48.20
Family	\$89.81	\$117.69	\$144.61

Loc 494 Electrical; MBCTC

2010 C.O.B.R.A. HEALTH PREMIUM RATES

Rates Include a 2% Admin Fee	Basic Plan	United Health Care
Single	#REF!	\$681.70
Family	#REF!	\$1,861.51

2010 C.O.B.R.A. DENTAL PREMIUM RATES

Rates Include a 2% Admin Fee	Delta Dental	CarePlus Dental	DentalBlue
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GENERAL CITY

Single	\$25.45	\$39.93	\$48.20
Family	\$87.92	\$117.69	\$144.61

FIRE

Single	\$29.44	\$39.93	\$48.20
Family	\$84.33	\$117.69	\$144.61

POLICE

Single	\$29.52	\$39.93	\$48.20
Family	\$89.81	\$117.69	\$144.61

**City of Milwaukee
DER/Employee Benefits Division
Medical Benefits Section**

Loc 494 Electrical; MBCTC

C.O.B.R.A DISABILITY EXTENSION RATES

2010 C.O.B.R.A. HEALTH DISABILITY EXTENSION RATES

Rates Include a 50% Admin Fee	Basic Plan	United Health Care
Single	\$1,279.07	\$1,002.51
Family	\$2,882.63	\$2,737.52

2010 C.O.B.R.A. DENTAL DISABILITY EXTENSION RATES

Rates Include a 50% Admin Fee	Delta Dental	CarePlus Dental	DentalBlue

G E N E R A L C I T Y

Single	\$37.43	\$58.73	\$70.88
Family	\$129.30	\$173.07	\$212.66

F I R E

Single	\$43.29	\$58.73	\$70.88
Family	\$124.02	\$173.07	\$212.66

P O L I C E

Single	\$43.41	\$58.73	\$70.88
Family	\$132.08	\$173.07	\$212.66

If you have questions, please call our office at (414) 286-3184 and your question(s) will be directed to the appropriate person.